Connecticut Department of Children and Families
Youth Suicide Advisory Board

Youth Suicide Prevention Information Packet 2005

August 26, 2005

Dear Educator, Health Professional, Youth Serving Agency,

The American Association of Suicidology has designated September 4-10, 2005 as National Suicide Prevention Week. For this purpose, the Connecticut Youth Suicide Advisory Board and the Connecticut Committee for Youth Suicide Prevention have prepared a public awareness packet for your use. We invite you to visit the Department of Children & Families' website and download the packet. http://www.state.ct.us/dcf/YSAB/index.asp

This packet includes fact sheets, suicide warning signs, a sample proclamation, suggested activities, an article on media guidelines and a resource list.

In the state of Connecticut, the statistics are alarming. Suicide ranked 2nd in the top 5 leading causes of death among 15-19 year olds in 2001 and in the 2003 Youth Risk Behavior Survey, 16.2% of CT youth reported to have seriously considered attempting suicide in the past 12 months.

Your help is needed in the prevention of youth suicide in Connecticut. Your organization or school can take advantage of this opportunity to bring services and suicide prevention programs to the attention of the community. With your involvement, activities throughout these weeks and the rest of the year will help sharpen the public's awareness of facts, risk factors, resources, and prevention strategies.

Sincerely,

The Connecticut Youth
Suicide Advisory Board

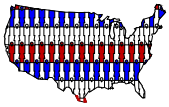
PLEASE SHARE THIS PACKET WITH MEMBERS OF YOUR AGENCY

YOUTH SUICIDE ADVISORY BOARD
BACKGROUND AND MISSION

In 1989, the Connecticut Youth Suicide Advisory Board was established within the Department of Children and Families. The membership is comprised of volunteers, community and state agency representatives with the goal of preventing suicide among children and youth. The charge of the board is as follows:

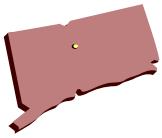
- Increase public awareness of the existence of youth suicide and means of prevention;
- Make recommendations to the Commissioner of the Department of Children and Families for the development of state-wide training in the prevention of youth suicide;
- Develop a strategic youth suicide prevention plan;
- Recommend interagency policies and procedures for the coordination of services for youth and families in the area of suicide prevention;
- Make recommendations for the establishment and implementation of suicide prevention procedures in schools and communities;
- Establish a coordinated system for the utilization of data for the prevention of youth suicide;
- Make recommendations concerning the integration of suicide prevention and intervention strategies into other youth focused prevention and intervention programs

NATIONAL SUICIDE FACTS



- **Females attempt suicide 3 times more often than males [1]**
- **Males complete suicide 4 times more often than females [1]**
- **For every death caused by suicide there are an estimated six survivors [1]**
- **Every two hours and 15 minutes, a person under the age of 25 completes suicide [2]**
- **Suicide, in youth, is the 3rd leading cause of death behind accidents and homicides [2]**
- **Firearms are used in 57% of youth suicides [2]**
- **Drug and alcohol use are associated with increased risk for youth suicide [2]**

CONNECTICUT SUICIDE FACTS



- **16.2% of CT youth reported to have seriously considered attempting suicide in the past 12 months (2003 CT Youth Risk Behavior Survey)**
- **10.3% of CT Youth reported attempting suicide in the past 12 months (2003 CT Youth Risk Behavior Survey)**
- **For youth, hand guns were used in 34% of completed suicides in 2003 [3]**
- **Suicide ranked 2nd in the top 5 leading causes of death among 15-19 year olds in 2001 [4]**

Sources

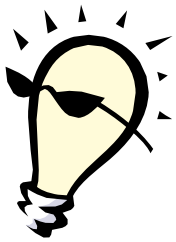
1. McIntosh, J.L. (2002). 2002 Official Final Data*. Washington, D.C.: American Association of Suicidology. Available online: http://www.suicidology.org/associations/1045/files/2002FinalData.pdf*

2. *Youth Suicide Fact Sheet*. (2004). Washington, D.C.: American Association of Suicidology. Available online: http://www.suicidology.org/associations/1045/files/YouthSuicide.pdf

3. Deaths, Suicides (Instance Detail). (2003). Connecticut Office of the Chief Medical Examiner.

4. *Top Five Leading Cause of Death by Age at Death and Gender* (2001). Hartford, CT: Connecticut Department of Public Health, Office of Policy, Planning and Evaluation. Available online: http://www.dph.state.ct.us/OPPE/RR2001/10.XLS

SUGGESTED ACTIVITIES FOR RAISING AWARENESS



- Reproduce and distribute enclosed information sheets
- Provide an in-service for staff about suicide issues
- Provide presentations to schools, churches, parents, etc. in your local community
- Ask local community leaders to declare September 4 - 10, 2005 Suicide Prevention Week (sample proclamation included)
- Ask the local paper to write on some aspect of youth suicide prevention
- Utilize the visual arts to emphasize suicide prevention, i.e., art/poster contest etc. . .
- Send a letter home to parents about suicide, means of prevention and resource information including the Infoline number: 2-1-1
- Check with other local youth service bureaus, libraries, schools etc. for information on local initiatives regarding Youth Suicide Prevention Week
- Include information about suicide prevention in your agency communiqué
- Encourage and support student involvement

MAKE A POSITIVE DIFFERENCE IN THE LIVES OF CONNECTICUT'S YOUNG PEOPLE!

SAMPLE PROCLAMATION

Whereas: All levels of society are vulnerable to suicide, which is the eighth leading cause of death for all ages. There are approximately 31,000 reported suicide deaths in the nation each year. This represents not only a tragic loss of human life, but untold suffering of family and friends; and

Whereas: The Connecticut Youth Suicide Advisory Board and the CT Committee for Youth Suicide Prevention are organizations of professionals and concerned citizens who share a conviction that the risk for human self-destruction can be reduced through awareness and education; and

Whereas: It is necessary to regard suicide as a major health problem and to support educational programs, research projects and intervention services.

Therefore: I, _____ (mayor, first selectman) of the city, town of _____ do hereby designate September 4-10, 2005 as Suicide Prevention Week.

(seal)

_____

Signature and date

Understanding and Helping the Suicidal Individual *

BE AWARE OF THE FACTS

1. Suicide is preventable. Most suicidal individuals desperately want to live; they are just unable to see alternatives to their problems.
2. Most suicidal individuals give definite warnings of their suicidal intentions, but others are either unaware of the significance of these warnings or do not know how to respond to them.
3. Talking about suicide does not cause someone to be suicidal.
4. Approximately 31,000 Americans kill themselves every year. The number of suicide attempts is much greater and often results in serious injury.
5. Suicide is the third leading cause of death among young people ages 15-24, and it is the eighth leading cause of death among all persons.
6. Youth (15-24) suicide rates increased more than 200% from the 1950's to the late 1970's. Following the late 1970's, the rates for youth suicide have remained stable.
7. The suicide rate is higher among the elderly (over 65) than any other age group.
8. Four times as many men kill themselves as compared to women, yet three to four times as many women attempt suicide as compared to men.
9. Suicide cuts across all age, economic, social, and ethnic boundaries.
10. Firearms are currently the most utilized method of suicide by essentially all groups (male, female, young, old, white, and non-white).
11. Surviving family members not only suffer the trauma of losing a loved one to suicide, but also are themselves at higher risk for suicide and emotional problems.

WAYS TO BE HELPFUL TO SOMEONE WHO IS THREATENING SUICIDE

1. Be aware. Learn the warning signs.
2. Get involved. Become available. Show interest and support.
3. Ask if he/she is thinking about suicide.
4. Be direct. Talk openly and freely about suicide.
5. Be willing to listen. Allow for expressions of feelings. Accept the feelings.
6. Be non-judgmental. Don't debate whether suicide is right or wrong, or feelings are good or bad. Don't lecture on the value of life.
7. Don't dare him/her to do it.
8. Don't give advice by making decisions for someone else to tell them to behave differently.
9. Don't ask "why." This encourages defensiveness.
10. Offer empathy, not sympathy.
11. Don't act shocked. This creates distance.
12. Don't be sworn to secrecy. Seek support.
13. Offer hope that alternatives are available, do not offer glib reassurance; it only proves you don't understand.
14. Take action! Remove means! Get help from individuals or agencies specializing in crisis intervention and suicide prevention.

BE AWARE OF THE WARNING SIGNS

A suicidal person may:

- Talk about suicide, death, and/or no reason to live.
- Be preoccupied with death and dying.
- Withdraw from friends and/or social activities.
- Have a recent severe loss (especially relationship) or threat of a significant loss.
- Experience drastic changes in behavior.
- Lose interest in hobbies, work, school, etc.
- Prepare for death by making out a will (unexpectedly) and final arrangements.
- Give away prized possessions.
- Have attempted suicide before.
- Take unnecessary risks; be reckless, and/or impulsive.
- Lose interest in their personal appearance.
- Increase their use of alcohol or drugs.
- Express a sense of hopelessness.
- Be faced with a situation of humiliation or failure.
- Have a history of violence or hostility.
- Have been unwilling to "connect" with potential helpers.

BE AWARE OF FEELINGS, THOUGHTS, AND BEHAVIORS

Nearly everyone at some time in his or her life thinks about suicide. Most everyone decides to live because they come to realize that the crisis is temporary, but death is not. On the other hand, people in the midst of a crisis often perceive their dilemma as inescapable and feel an utter loss of control.

Frequently, they:

- Can't stop the pain
- Can't think clearly
- Can't make decisions
- Can't see any way out
- Can't sleep eat or work
- Can't get out of the depression
- Can't make the sadness go away
- Can't see the possibility of change
- Can't see themselves as worthwhile
- Can't get someone's attention
- Can't seem to get control

If you experience any of these feelings, get help!

If you know someone who exhibits these feelings, offer help!

TALK TO SOMEONE -- YOU ARE NOT ALONE. CONTACT:

- A community mental health agency
- A school counselor or psychologist
- A suicide prevention/crisis intervention center
- A private therapist
- A family physician
- A religious/spiritual leader

FOR HELP, CALL Infoline @ 2-1-1

* American Association of Suicidology 4201 Connecticut Ave., NW Suite 408, Washington, DC 20008
Phone: (202) 237-2280 www.suicidology.org

PROTECTIVE FACTORS[1]

Protective factors can include an individual's genetic or neurobiological makeup, attitudinal and behavioral characteristics, and environmental attributes.

Measures that enhance resilience or protective factors are as essential as risk reduction in preventing suicide. Programs that support and maintain protection against suicide should be ongoing.

Protective factors include:

- Effective and appropriate clinical care for mental, physical, and substance abuse disorders
- Easy access to a variety of clinical interventions and support for help seeking
- Restricted access to highly lethal methods of suicide
- Family and community support
- Support from ongoing medical and mental health care relationships
- Learned skills in problem solving, conflict resolution, and nonviolent handling of disputes

Cultural and religious beliefs that discourage suicide and support self-preservation instincts

[1] Surgeon General's Call to Action to Prevent Suicide, Washington D.C. 1999
http://www.surgeongeneral.gov/library/calltoaction/default.htm

LOCAL RESOURCES:

Connecticut Clearinghouse
1-800-232-4424, or 860-792-8791
www.ctclearinghouse.org

Statewide clearinghouse for pamphlets, videos, curriculum and books about suicide prevention and other health related issues. Limited quantities of youth suicide prevention posters, cards, and booklets may be available.

Connecticut Committee for Youth Suicide Prevention
E-mail: Casework.susan@ctunitedway.org

A group of mental health professionals, school personnel, clergy, youth services workers and other concerned individuals. Provides advocacy in relation to policies, programs, and resources, disseminates information, and has developed a list of speakers on youth suicide prevention. For membership and information contact Susan Moores at Infoline.

Connecticut Council on Problem Gambling
1-888-789-7777 (Office)
1-800-346-6238 (24 hour Helpline)
www.ccpg.org

A statewide, private, non-profit agency whose mission is to reduce the prevalence and impact of problem and compulsive gambling on individuals, families and society. Services offered include: a 24-hour toll-free Helpline for problem gamblers and those who care about them (1-800-346-6238); public awareness and prevention education programs; information clearinghouse; professional training; legislative and public policy advocacy; research; and corporate services. Information on teen problem gambling is available.

Connecticut Youth Suicide Advisory Board
Website on the DCF Web page
www.state.ct.us/dcf

The membership of Connecticut Youth Suicide Advisory Board (YSAB) is comprised of Departments of Children & Families, Public Health, Education, Mental Health & Addiction Services, Court Support Services Division, Office of the Child Advocate, volunteers, and community agency representatives. The primary goal of YSAB is to prevent suicide among children and youth.

EMERGENCY MOBILE PSYCHIATRIC SERVICES

EMPS is a statewide service that provides a focused, therapeutic, mobile crisis response to children and youth who are experiencing a psychiatric crisis.

EMPS Provider: Child Guidance Clinic of Mid-Fairfield County
Towns Served: Darien, Greenwich, New Canaan, Norwalk, Stamford, Weston, Westport and Wilton

1-888-825-6777

EMPS Provider: Child Guidance Center of Greater Bridgeport
Towns Served: Bridgeport, Easton, Fairfield, Monroe, Trumbull and Stratford

1-866-242-7818

EMPS Provider: Family and Children's Aid
Towns Served: Bethel, Bridgewater, Brookfield, Danbury, New Fairfield, New Milford, Newtown, Redding, Ridgefield and Sherman

1-866-543-2774

EMPS Provider: Kid Help Northwest (Child Guidance Clinic of Greater Waterbury)
Towns Served: Waterbury

1-866-543-2774

EMPS Provider: Charlotte Hungerford Center for Youth and Families and Northwest Center for Family Services and Mental Health
Towns Served: Barkhamstead, Bethlehem, Colebrook, Cornwall, Goshen, Hartland, Harwinton, Kent, Litchfield, Morris, New Hartford, Norfolk, North Canaan, Roxbury, Salisbury, Sharon, Torrington, Warren, Washington, Winchester and Woodbury

1-866-543-2774

EMPS Provider: Wheeler Clinic
Towns Served: Avon, Berlin, Bristol, Burlington, Canton, Farmington, Hartford, Plainville, Plymouth/Terryville, Rocky Hill, New Britain, Newington, Simsbury, Southington, West Hartford and Wethersfield

1-866-261-0893

EMPS Provider: North Central Counseling Services
Towns Served: Bloomfield, East Granby, East Windsor, Enfield, Granby, Somers, Stafford Springs, Suffield, Windsor, Windsor Locks

1-877-884-3571 or 1-860-683-8068

EMPS Provider: Community Health Resources/Genesis Center
Towns Served: Andover, Bolton, East Hartford, Ellington, Glastonbury, Hebron, Marlborough, Manchester, South Windsor, Tolland and Vernon
1-877-884-3571 or **860–683-8068**

EMPS Provider: United Services
Towns Served: Ashford, Brooklyn, Canterbury, Chaplin, Columbia, Coventry, Eastford, Hampton, Killingly, Mansfield, Plainfield, Pomfret, Putnam, Scotland, Sterling, Storrs, Thompson, Union, Willington, Windham and Woodstock

1-860-774-2020: Dayville 1-860-456-2261: Windham

EMPS Provider: Kids Crisis Response Team (Bridges)
Towns Served: Ansonia, Bethany, Derby, Milford, Orange, Seymour, Shelton, West Haven and Woodbridge

1-866-573-4357 or 203-878-6365

EMPS Provider: CAMPES – Child and Adolescent Mobile Emergency Psychiatric Service (Clifford Beers Clinic)
Towns Served: Branford, East Haven, Guilford, Hamden, Madison, New Haven, North Branford & North Haven

1-888-979-6884

EMPS Provider: IMPACT Program – Immediate Mobile Psychiatric Adolescent & Child Crisis Team: Rushford Behavioral Health System
Towns Served: Meriden & Wallingford

1-800-567-0902

EMPS Provider: IMPACT Program – Immediate Mobile Psychiatric Adolescent & Child Crisis Team: MidState Behavioral Health System
Towns Served: Cromwell, Durham, East Haddam, East Hampton, Greater Middletown, Middlefield and Portland

1-800-567-0902

EMPS Provider: IMPACT Program – Immediate Mobile Psychiatric Adolescent & Child Crisis Team: Rushford & Middlesex Family Advocacy
Towns Served: Chester, Clinton, Deep River, Essex, Guilford, Haddam, Killingworth, Lyme, Madison, Old Lyme, Old Saybrook, Westbrook

1-800-567-0902

EMPS Provider: United Community and Family Services
Towns Served: Bozrah, Colchester, East Lyme, Franklin, Griswold, Groton, Lebanon, Ledyard, Lisbon, Montville, New London, North Stonington, Norwich, Preston, Salem, Sprague, Stonington, Waterford, Voluntown

1-866-498-8662

Mental Health Association of Connecticut
800-842-1501
www.mhact.org

A statewide, private, non-profit agency dedicated to the promotion of mental health, the prevention of mental illness, and improved care and treatment of persons with mental illnesses. Programs and services include: a statewide toll-free telephone number providing Connecticut residents with referrals to mental health clinics and private practitioners; informational pamphlets; and support groups. Children's services include: advocacy, education, and support to children with mental health needs and their families.

Poison Control
UCONN
800-222-1222

Maintains a 24 hour hotline that provides information about medication, drugs and household chemicals that have been ingested.

State of Connecticut Department of Public Health
Injury Prevention Program
860-509-7805
www.dph.state.ct.us/

The DPH Injury Prevention Program was established in 1993 to coordinate and expand prevention and control activities related to intentional (assault and self-inflicted) and unintentional (motor vehicle-related, poisoning, falls etc.) related injuries. Contact for assistance with injury related data and educational/public awareness materials.

State of Connecticut Department of Mental Health and Addiction Services
860-418-7000
www.dmhas.state.ct.us/

The Department of Mental Health and Addiction Services is responsible for providing a wide range of treatment services to adults 18 and over. This includes inpatient hospitalization, outpatient clinical services, 24-hour emergency care, day treatment, psychosocial and vocational rehabilitation, restoration to competency and forensic services (including jail diversion programs), outreach services for persons with serious mental illness who are homeless, and comprehensive, community-based mental health treatment and support services.

United Way of Connecticut Infoline
2-1-1
www.infoline.org

24 hour crisis line, as well as information and referral on all social services/health related programs statewide. Provides training to students, faculty/staff, and parents on suicide prevention.

NATIONAL RESOURCES:

American Academy of Child and Adolescent Psychiatry
www.aacap.org

The American Academy of Child and Adolescent Psychiatry (AACAP) is a professional medical organization comprised of child and adolescent psychiatrists. AACAP is dedicated to treating and improving the quality of life for children, adolescents, and families affected by mental, behavioral and developmental disorders. Its website provides valuable information for behavioral health professionals and families.

National Center for Injury Prevention & Control
http://www.cdc.gov/ncipc/

The **National Center for Injury Prevention and Control** (NCIPC) works to reduce morbidity, disability, mortality, and costs associated with injuries.

American Association of Suicidology
4201 Connecticut Ave., NW, Suite 310, Washington, DC 20008
202-237-2280
www.suicidology.org

Provides information on national statistics, trends, and policy related to suicide

National Mental Health Association

Phone 703/684-7722
Fax 703/684-5968
www.nmha.org

The country's oldest and largest nonprofit organization addressing all aspects of mental health and mental illness. With more than 340 affiliates nationwide, NMHA works to improve the mental health of all Americans, especially the 54 million individuals with mental disorders, through advocacy, education, research and service.

Department of Health and Human Services
U.S. Public Health Service
www.surgeongeneral.gov

U.S. Public Health Service *The Surgeon General's Call To Action To Prevent Suicide*. Washington DC: 1999. http://www.surgeongeneral.gov/library/calltoaction/default.htm

U.S. Public Health Service *Mental Health: A Report of the Surgeon General*. Washington DC: 1999.

National Strategy for Suicide Prevention
http://www.mentalhealth.org/suicideprevention/default.asp

GLOSSARY OF TERMS[4]

DEPRESSION

Though the term "depression" can describe a normal human emotion, it also can refer to a psychiatric disorder. Depressive illness in children and adolescents includes a cluster of symptoms that have been present for at least two weeks. In addition to feelings of sadness and/or irritability, a depressive illness includes several of the following:

- Change of appetite with either significant weight loss (when not dieting) or weight gain
- Change in sleeping patterns (such as trouble falling asleep, waking up in the middle of the night, early morning awakening, or sleeping too much)
- Loss of interest in activities formerly enjoyed
- Loss of energy, fatigue, feeling slowed down for no reason, "burned out"
- Feelings of guilt and self blame for things that are not one's fault
- Inability to concentrate and indecisiveness
- Feelings of hopelessness and helplessness
- Recurring thoughts of death and suicide, wishing to die, or attempting suicide

Children and adolescents with depression may also have symptoms of irritability, grumpiness, and boredom. They may have vague, non-specific physical complaints (stomachaches, headaches, etc.). There is an increased incidence of depressive illness in the children of parents with significant depression.

Additional information on depression can be found at the National Mental Health Association's website www.nmha.org

BIPOLAR DISORDER

Bipolar Disorder is a type of mood disorder with marked changes in mood between extreme elation or happiness and severe depression. The periods of elation are termed mania. During this phase, the teenager has an expansive or irritable mood, can become hyperactive and agitated, can get by with very little or no sleep, becomes excessively involved in multiple projects and activities, and has impaired judgment. A teenager may indulge in risk taking behaviors, such as sexual promiscuity and anti-social behaviors. Some teenagers in a manic phase may develop psychotic symptoms (grandiose delusions and hallucinations). For a description of the depressive phase see depression. Bipolar disorder generally occurs before the age of 30 years and may first develop during adolescence.

LEARNING DISORDERS

Learning Disorders occur when the child or adolescent's reading, math, or writing skills are substantially below that expected for age, schooling, and level of intelligence. Approximately 5% of students in public schools in the United States are identified as having a learning disorder. Students with learning disorders may become so frustrated with their performance in school that by adolescence they may feel like failures and

want to drop out of school or may develop behavioral problems. Diagnosis of a learning disorder requires special testing. Learning disorders should be identified as early as possible during school years.

Parents have a right to request a special education evaluation from the school if they have any concerns about their child's ability to learn. For more information, go to www.ctserc.org

ALCOHOL & OTHER DRUG ABUSE

Use and abuse of drugs and alcohol by teens is very common and can have serious consequences. In the 15-24 year age range, 50% of deaths (from accidents, homicides, suicides) involve alcohol or drug abuse. Drugs and alcohol also contribute to physical and sexual aggression such as assault or rape. Possible stages of teenage experience with alcohol and drugs include abstinence (non- use), experimentation, regular use (both recreational and compensatory for other problems), abuse, and dependency. Repeated and regular recreational use can lead to other problems like anxiety and depression. Some teenagers regularly use drugs or alcohol to compensate for anxiety, depression, or a lack of positive social skills. Teen use of tobacco and alcohol should not be minimized because they can be "gateway drugs" for other drugs (marijuana, cocaine, hallucinogens, inhalants, and heroin). The combination of teenagers' curiosity, risk taking behavior, and social pressure make it very difficult to say no. This leads most teenagers to the questions: "Will it hurt to try one?"

There is a good chance that "one" will hurt you. A teenager with a family history of alcohol or drug abuse and a lack of pro-social skills can move rapidly from experimentation to patterns of serious abuse or dependency. Some other teenagers with no family history of abuse who experiment may also progress to abuse or dependency. Teenagers with a family history of alcohol or drug abuse are particularly advised to abstain and not experiment. No one can predict for sure who will abuse or become dependent on drugs except to say the non-user never will.

Warning signs of teenage drug or alcohol abuse may include:

- a drop in school performance,
- a change in groups of friends,
- delinquent behavior, and
- deterioration in family relationships.

There may also be physical signs such as red eyes, a persistent cough, and change in eating and sleeping habits. Alcohol or drug dependency may include blackouts, withdrawal symptoms, and further problems in functioning at home, school, or work.

For more information about substance abuse, see http://www.samhsa.gov/

[4] American Academy of Child & Adolescent Psychiatry. (1997) *Glossary of symptoms and mental illnesses affecting teenagers Author*. Retrieved February 1, 2001, from the World Wide Web http://www.aacap.org/about/glossary/index.htm

SUICIDE PREVENTION WEEK PACKET
FEEDBACK FORM

Name_____

Agency_____

Address_____

1. As a result of receiving this packet, we engaged in suicide prevention week activities:

_____ YES _____ NO
If yes, please list activities:

2. What material in the packet was useful?
(check all that apply)

____ Suicide Facts
____ Risk Factors
____Protective Factors
____Suggested Activities
____Glossary of Terms
____Sample Proclamation
____Resources

3. Is the format of this packet useful?

4. What would make this packet more useful?

Please return this form to: DeAnna Lia, Department of Children and Families, 505 Hudson Street, Hartford, CT 06106 or FAX to 860-566-8022.